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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Scott H. Faro M.D.	
Doing Business As	University Standing Open MRI	
Name of Parent Corporation	University Standing Open MRI	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	117-25 N. 8th St Philadelphia, PA 19106	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Scott H. Faro, M.D. President	
Contact person's street mailing address	117-25 N. 8th St Philadelphia, PA 19106	
Contact person's phone #, fax # and e-mail address	215-923-0900 Fax: 215-923-0426 S.H.FARO@aol.com.	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

University Standing open MRI at Fairfield

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☒ New

☐ Replacement

☐ Major Medical

☒ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

500 Kings Highway East, Fairfield, CT

d. List all the municipalities this project is intended to serve: Fairfield, Bridgeport, Stratford, Trumbull, Easton, Greenfield Hill, Westport, Sangatuck, and Wilton

e. Estimated starting date for the project: September 2004

- f. Type of project: 22 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure:
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	250,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	1,500,000
Non-Medical Equipment (Purchase)	
Sales Tax	80,000
Delivery & Installation	40,000
<b>Total Capital Expenditure</b>	\$0.00
Fair Market Value of Leased Equipment	50,000 / year
<b>Total Capital Cost</b>	\$0.00

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Standing open MRI	Indomitale Fonar		1	1,500,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☐ Lease Financing
 ☒ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify):

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

This request is for Replacement Equipment.

The original equipment was authorized by the Commission/OHCA in Docket  
Number: \_\_\_\_\_.

The cost of the equipment is not to exceed \$2,000,000.

The cost of the replacement equipment does not exceed the original cost  
increased by 10% per year.

Please complete the attached affidavit for Section V only.

Proposal/Project Title: University Standing Open MRI at Fairfield

*SECTION IV. PROJECT DESCRIPTION*

1. The anticipated payer sources are Medicare/Medicaid (10%); Commercial Insurers (60%); and Workers Compensation (30%).
2. University Standing Open MRI at Fairfield will provide unique multi-positional MRI services to the patients in the Fairfield Connecticut area. The Standing MRI is a multi-positional system that provides an unrestricted range of motion for flexion and extension studies. It can scan spines and joints in the weight-bearing state or in the conventional recumbent position.
3. This project will have a positive effect on the healthcare delivery system in the state of Connecticut. In addition to the unique multi-positional MRI services to the patients in the Fairfield Connecticut area there is an anticipated significant increase in MRI demand over the next 5 to 10 years. The market analysis estimates that there will be a 22.1% increase in the Connecticut MRI volumes between 2000 and 2005. The analysis also anticipates an overall increase of 48% during the ten-year period of 2000-2010. These estimates are based on a market analysis from the Yale-New Haven Hospital and the Yale University School of Medicine.
4. There are no similar existing providers in the proposed geographic area.
5. University Standing Open MRI at Fairfield will provide unique MRI services to the patients in the proposed geographic area that will improve patient care. The center will be a state-of-the-art MRI facility that will also provide diagnostic MRI services for the anticipated significant increase in MRI scans. The proposal will be financially feasible and cost-effective. University Standing Open MRI at Fairfield has sufficient technical and managerial competence to provide efficient and high quality service to the public in the Fairfield Connecticut area.
6. Diagnostic Imaging of Milford, P.C. is interested in providing the professional services for the new MRI center.
7. The target population includes all ages and sexes of patients. There will be a focus on the spine and joints, due to the unique multi-positional capabilities of the Fonar Standing MRI, however all body parts can be scanned on this state-of-the-art MRI.

*Scott Farrow MD*

*5/17/04*

# GENERAL AFFIDAVIT

Applicant: Scott Faro M.D.

Project Title: University Standing Open MRI at Fairfield

I, Scott Faro M.D., President  
(Name) (Position – CEO or CFO)

of University Standing Open MRI being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Scott Faro M.D.  
Signature

5/16/04  
Date

Subscribed and sworn to before me on 5/16/04

**LISA M. CLARKE**  
**Notary Public of New Jersey**  
**My Commission Expires 10-03-2007**  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

### Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

#### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

#### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

#### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical